

PREVENTING UNINTENTIONAL INJURY: KEEPING OUR YOUTH SAFE

Injuries are the primary cause of death for adolescents. Injury deaths are classified as unintentional (such as auto crash fatalities) or intentional (homicide and suicide). Unintentional injuries make up the greatest proportion of deaths among adolescents both nationally and in Tennessee.

TENNESSEE DATA



Unintentional injury remains the overwhelming leading cause of death for youth and young adults ages 10 to 24 years.

Race Matters

White males ages 10-24 are more likely to die from unintentional injuries, the vast majority of which are motor vehicle crashes. African-American males ages 10-24 are almost twice as likely to die by homicide as from an unintentional injury.

- In 2002, over 51% of all deaths of young people ages 10-24 were attributed to unintentional injuries.
- The next highest causes of death were homicide (14%) and suicide (8%).
- The number of adolescent deaths due to injuries has increased over the last decade. From 1999-2002 there were 1,880 deaths. This represents an increase of 69 deaths from 1995-1998 and an increase of 100 deaths since 1991-1994.

BEST PRACTICES



- **Parents** – Parents have a key role in injury prevention. They provide the transportation and the financial and emotional support for sports and recreational activities, and are in control of the car keys and insurance. They provide role modeling with their own behavior and set boundaries with appropriate consequences related to alcohol and drug use, behavior and rules of the road.
- **Schools** – Schools have a responsibility to prevent injuries from occurring at school and school-sponsored events. They can also teach the skills needed to prevent unintentional injuries, violence and suicide in all domains and throughout their lives. They have the means to provide recreation injury prevention information to parents, students and athletic staff.
- **Communities** – Communities can integrate and tailor strategies to meet their unique needs and opportunities for injury prevention. It is important to involve relevant stakeholders in planning and implementation of safety plans to increase commitment and involvement in carrying out solutions. Graduated Drivers' License programs are a clear example of an injury prevention strategy established by policy.

PREVENTION PAYS

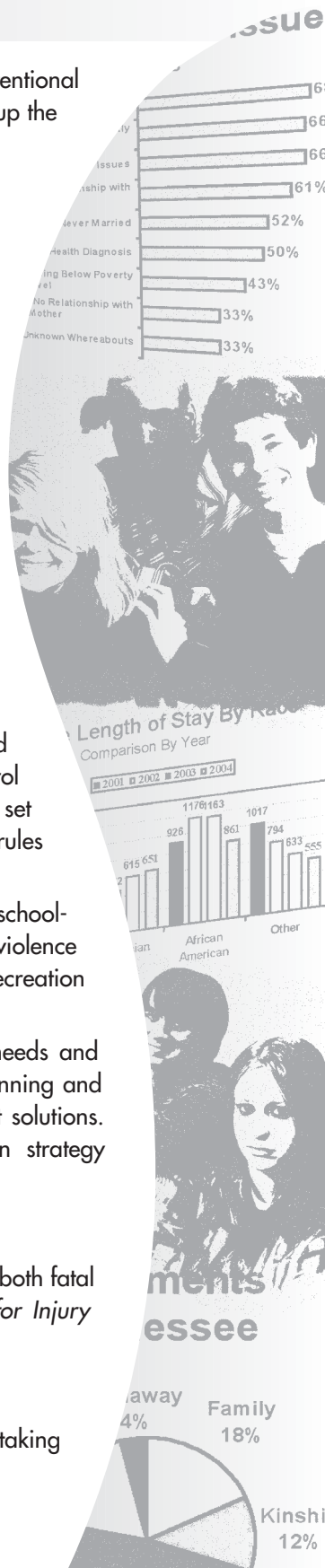


Motor vehicle crashes are expensive. In 1999, the economic cost of police-reported crashes (both fatal and nonfatal) involving drivers aged 15 to 20 was \$32 billion. (Source: National Center for Injury Prevention and Control, "Teens behind the wheel," An Injury Fact Book 2001- 2002.)

Why Is Driving So Dangerous?

Teen driving is relatively deadly due to a combination of inexperience, overconfidence, risk-taking behavior and greater risk exposure.

- Teens have less experience behind the wheel than older drivers.
- Teens are less likely to wear seatbelts than older drivers.



- Teens are more likely to drive at night, with other teens as passengers, thus increasing the risks of distraction and the influence of peer pressure.

What Could Tennessee Do to Improve Motor Vehicle Safety for Adolescents?

The U.S. Department of Transportation's Community Guide to Preventive Services, Motor Vehicle Occupant Protection strongly recommends:

- Primary enforcement and enhanced, consistent enforcement of safety belt-use laws and alcohol/drug-impaired driving laws (wearing seatbelts reduces the risk of a fatality by 45 percent and reduces the risk of a moderate to critical injury by half.
- Maximum .08 BAC for adult drivers.
- Sobriety checkpoints (e.g., on prom nights.)
- Hospitality employee training so that these employees can recognize underage or impaired drinkers.

Other states are exploring:

- Extending the length of time required for a learner's permit (e.g., North Carolina requires 365 days)
- Restricting the number of teen passengers
- Emphasizing school prevention programs, addressing alcohol use on college campuses
- Targeting judges, prosecutors and law enforcement officers for special training on youth alcohol and substance use.

2010 OBJECTIVES

ALCOHOL-RELATED MOTOR VEHICLE DEATHS

- By 2010, reduce alcohol-related motor vehicle deaths among adolescents and young adults aged 15-24 to 5 per 100,000 from the 2003 baseline of 6.7 per 100,000.

REDUCE RIDING WITH DRINKERS

- By 2010, reduce the proportion of high school students that rode, in the last 30 days, with a driver who had been drinking alcohol to 20% from the 2005 baseline of 25.1%.

INCREASE SEAT BELT USE

- By 2010, increase the proportion of high school students who wear a seat belt most or all of the time to 92% from the 2005 baseline of 86.8%.

REDUCE TEEN MOTOR VEHICLE DEATHS

- By 2010, reduce motor vehicle deaths among adolescents aged 15-24 to 37 per 100,000 from the 2001 baseline of 42 per 100,000.

Websites

Alive @ 25: A Survival Course in Traffic Safety, by the National Safety Council
www.aliveat25.com

Center for Enforcing Underage Drinking Laws
www.udetc.org

Children's Safety Network
www.childrenssafetynetwork.org

Mothers Against Drunk Driving (MADD)
www.madd.org

National Center for Injury Prevention and Control
www.cdc.gov/ncipc

Tennessee Department of Health
 Safety and Injury Control Program
<http://www2.state.tn.us/health/healthpromotion/index.html#Safety%20and%20Injury%20Control%20Program>

